## **CITY OF NEW ORLEANS** EMPLOYEES' RETIREMENT SYSTEM 1300 PERDIDO STREET, ROOM 1E12 **NEW ORLEANS, LA 70112** (504) 658-1850

## **BENEFICIARY DESIGNATION**

INSTRUCTIONS: This form is designed for multipurpose use and for automated input.

SECTION	N I - MEMBE	ER INFORMATION		
NAME:	LAST		FIRST	MI SUFFIX(JR., III, ETC
STREET/P	O. BOX			
CITY			STATE	ZIP
SOCIAL S	ECURITY NUMBE	R _ / / / - / /	/- / / / / I	DATE OF BIRTH//
come effect	tive at the time filed		previous choices, if any. I designs Employees= Retirement System	gnate the following as my primary beneficiary which (NOMERS).
The person	named as primary bary beneficiary, the i	eneficiary will receive any	contingent beneficiary (ies), if any	the NOMERS in the event of my death. Upon the downward. I hereby designate the following person as my pring RELATIONSHIP
NAME:	LAST	FIRST	MI SUFFIX(JR., III, ETC	C.) SOCIAL SECURITY NUMBER
		FIRST	MI SUFFIX(JR., III, ETC	SOCIAL SECURITY NUMBER
STREET/P				
STREET/P		FIRST	MI SUFFIX(JR., III, ETC	
NAME: STREET/P CITY				
STREET/P				
STREET/P	P.O. BOX		ZIP	
STREET/P  CITY  SECTION  PLEASE use	P.O. BOX	STATE  NAL BENEFICIARY ( ne any additional beneficiary (i	ZIP	
STREET/P  CITY  SECTION  PLEASE use	N.III - ADDITIO the space below to nan	STATE  NAL BENEFICIARY ( ne any additional beneficiary ( ny used spaces.	ZIP  (IES) PRIMARY	DATE OF BIRTH  / / MO DAY YR  CONTINGENT  ry or contingent beneficiary (ies)
STREET/P CITY SECTION PLEASE use Please place	N III - ADDITIO  the space below to nance an (X) through an	STATE  NAL BENEFICIARY ( ne any additional beneficiary ( ny used spaces.	ZIP  (IES) PRIMARY  ies) . Please indicate whether primar	DATE OF BIRTH  / / MO DAY YR  CONTINGENT  ry or contingent beneficiary (ies)
STREET/P  CITY  SECTION  PLEASE use Please place	N III - ADDITIO  the space below to nance an (X) through an	STATE  NAL BENEFICIARY ( ne any additional beneficiary ( ny used spaces.	ZIP  (IES) PRIMARY  ies) . Please indicate whether primar	DATE OF BIRTH  / / MO DAY YR  CONTINGENT  ry or contingent beneficiary (ies)  SOCIAL SECURITY NUMBER
STREET/P CITY SECTION PLEASE use Please place	N III - ADDITIO  the space below to nance an (X) through an	STATE  NAL BENEFICIARY ( ne any additional beneficiary ( ny used spaces.	ZIP  (IES) PRIMARY  ies) . Please indicate whether primar	DATE OF BIRTH  / / MO DAY YR  CONTINGENT  ry or contingent beneficiary (ies)  SOCIAL SECURITY NUMBER  / / / - / / - / / / /

				PRIMARY	_CONTINGENT			
	e the space below to nan ce an (X) through ar		ciary (ies) . Plea	se indicate whether primary or conf	tingent beneficiary (ies)			
NAME:	LAST	FIRST	MI	SUFFIX(JR., III, ETC.)	SOCIAL SECURI	TY NUMBER		
STREET/P.	.O. BOX				//	/ <b>-</b> / / / <u>/</u>		
					DATE OF E	SIRTH		
CITY	STATE		ZIP	/ /				
RELATIONS	SHIP				MO DAY	YR		
ı				PRIMARY	_CONTINGENT			
	the space below to nance an (X) through an		ciary (ies) . Plea	se indicate whether primary or con	tingent beneficiary (ies)			
NAME:	LAST	FIRST	MI	SUFFIX(JR., III, ETC.)	SOCIAL SECURI	TY NUMBER		
STREET/P.	O ROY				//	<u> </u>		
STREET/T	.O. BOX				DATE OF E	IRTH		
CITY		STATI	E	ZIP				
RELATIONS	SHIP				MO DAY	YR		
With this desi	ignation (s). I hereby	request that NOMER	RS to pay, in the	e event of my death before retirem	ent pension, the total amo	unt of my contributions.		
I understand t	that the lump sum pay	ment of my contribu	itions shall be p	paid to my named beneficiary (ies)		•		
	y surviving spouse in		-					
assigns, that p the NOMERS every kind an	payment and acceptar S on account of any cand nature against NOM een payable to the be	nce of any such refun reditable service rend MERS. I hereby direc	d to my designa lered prior to pa ct that, should I	ies) whom I have designated and a ated beneficiary (ies), if any or my ayment of the refund and shall cor a survive the before mentioned ber state in accordance with the rules a	r estate shall discharge all astitute a release of all accueficiary (ies), the amount	obligations of rued rights of which otherwise		
APPLICANT	=S SIGNATURE				DATE SIGNED	/ /		
	5 5161 WIT 6112					DAY YR		
		,	OT PRINT O ESSED BY PE	R 11PE) CRSON OTHER THAN BENEF	ICIARY (IES)			
SIGNATURE	E OF WITNESS			SIGNATURE OF WITH	NESS			
STREET ADDRESS/P.O. BOX				STREET ADDRESS/P.0	STREET ADDRESS/P.O. BOX			
CITY	ST	ATE	ZIP	CITY	STATE	ZIP		